

**USAG-WS DPW  
ACCIDENT FORM DA 285 A**

# U.S. ARMY ACCIDENT REPORT

For use of this form, see AR 385-40, the proponent agency is OCSA

**FOR USASC USE ONLY**

**Requirement Control Symbol**  
**CSOCS-308**

## SECTION A - ACCIDENT INFORMATION

1. CHECK ONE <input type="checkbox"/> a. INITIAL <input type="checkbox"/> b. CHANGE			2. UIC <i>(Unit Identification Code)</i> <i>(6-Digit Code of Unit Having Accident)</i>		3a. UNIT NAME AND MILITARY ADDRESS			3b. BRANCH <i>(Armor, Infantry, etc.)</i>				
4. DATE OF ACCIDENT a. YR.      b. MO.      c. DAY			5. TIME OF ACCIDENT <i>(Local Military Time)</i>		6. PERIOD OF DAY <i>(Check one)</i> <input type="checkbox"/> a. Day <input type="checkbox"/> b. Night		7. ACCIDENT OCCURRED <i>(Check one)</i> <input type="checkbox"/> a. On Post <input type="checkbox"/> b. Off Post		8. IF ON POST, NAME OF INSTALLATION/FACILITY		9. ACCIDENT OCCURRED DURING <i>(Check one)</i> <input type="checkbox"/> a. Combat <input type="checkbox"/> b. Non-Combat	
10. WERE EXPLOSIVES OR AMMUNITION INVOLVED OR PRESENT? <input type="checkbox"/> Yes <i>(See Instruction Book)</i> <input type="checkbox"/> No				11. EXACT LOCATION OF ACCIDENT <i>(Detailed enough to locate site) (State type of location.)</i>								

## SECTION B - PERSONNEL INFORMATION

12. NAME <i>(Last, First, MI)</i>			27. CLASSIFICATION AT TIME OF ACCIDENT <i>(Check)</i>		28. CAUSE OF INJURY/OCCUPATIONAL ILLNESS <i>(Check the most serious)</i>		
13. SOCIAL SECURITY NUMBER <i>(SSN)</i>		14. AGE	a. Active Army	a. Struck Against	h. Overexertion		
15. SEX <i>(Check)</i> <input type="checkbox"/> a. Male <input type="checkbox"/> b. Female		16. RANK OR GRADE	b. Army Civilian	b. Struck By	i. Exposure		
17. MOS OR JOB SERIES			c. Army Contractor	c. Fell from Elevation	j. External Contact		
18. ADDRESS <i>(Use Official Address for All Military or Government Personnel) (If different than block 3, add UIC.)</i>			d. Nonappropriated Fund <i>(NAF)</i>	d. Fell from Same Level	k. Ingested		
			e. Other U.S. Military	e. Caught In/ Under/ Between	l. Inhaled		
			f. ROTC	f. Rubbed/abraded			
			g. Dependent	g. Bodily Reaction			
			h. NGB Tech	29. BODY PART(S) AFFECTED <i>(Check primary) (No more than 3)</i>			
19. DUTY STATUS AT TIME OF ACCIDENT <i>(Check one)</i> <input type="checkbox"/> a. On Duty <input type="checkbox"/> b. Off Duty		20. FLIGHT STATUS <i>(Check one)</i> <input type="checkbox"/> a. Yes <input type="checkbox"/> b. No	i. NGB IDT	a. Body <i>(General)</i>	p. Fingers		
21. CONTINUOUS DUTY <i>(hrs.) (Without sleep)</i>		22. HRS. SLEEP IN LAST 24	j. NGB AT	b. Head	q. Leg		
23. DAYS LOST <i>(Est. no. of days lost from work; not counting day of injury. Bed rest/on quarters.)</i>		24. DAYS HOSPITALIZED <i>(Est. no. of days hospitalized receiving treatment; not for observation only.)</i>	k. NGB ADSW	c. Forehead	r. Knee		
25. DAYS OF RESTRICTED WORK ACTIVITY <i>(Est. no. of days person cannot perform regular duties; light duty/profile.)</i>			l. NGB AGR	d. Eyes	s. Ankle		
			m. NGB ADT	e. Nose	t. Foot		
			n. USAR IDT	f. Jaw	u. Toes		
			o. USAR AT	g. Neck	v. OTHER <i>(Specify)</i>		
			p. UAR ADT	h. Trunk			
	q. USAR FTM	i. Chest					
	r. Foreign Nat. Direct Hire	j. Heart					
	s. Foreign Nat. Indirect Hire	k. Back					
	t. Foreign Nat. KATUSA	l. Shoulder					
26. SEVERITY OF ILLNESS/INJURY <i>(Check one)</i>			u. Foreign Mil. Attached to the U.S. Army	m. Arm			
a. <b>Fatal</b>			v. Public	n. Wrist			
b. <b>Permanent Total Disability.</b> Person can never again do gainful work.			w. Not reported	o. Head			
c. <b>Permanent Partial Disability.</b> Person loses or can never again use a body part		30. TYPE OF INJURY/ILLNESS <i>(Check the most serious)</i>					
d. <b>Days Away from Work.</b> Person misses one or more workdays; bed rest/on quarters.		a. Burns <i>(Chemical)</i>	h. Abrasions	o. Frostbite			
e. <b>Restricted Work Activity.</b> Person is temporarily unable to perform regular duties; light duty/profile.		b. Burns <i>(Thermal)</i>	i. Concussion	p. Heat Stroke			
f. <b>First Aid Only.</b> Person has one-time treatment of minor injury. <i>(No lost work days.)</i>		c. Amputation	j. Sprain/Strain	q. Heat Exhaustion			
g. <b>No Injury.</b>		d. Decompression Sickness	k. Cuts/Lacerations	r. Noise Injury/Illness			
		e. Asphyxiation <i>(Suffocation)</i>	l. Contusion				
		f. Fractures	m. Puncture Wound				
		g. Dislocation	n. Hernia, Rupture				

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**SECTION B - PERSONNEL INFORMATION (Continued)**

**31. Person's action(s) at time of accident (Check one and explain in Block 32.)**

a. Soldiering	j. Test/Study/Experiments	s. Fabricating	aa. Hobbies
b. Combat Soldiering	k. Educational	t. Handling Material/Passengers	bb. Passenger
c. Physical Training	l. Information and Arts	u. Janitorial/ Housekeeping/ Grounds Keeping	cc. Human movement
d. Weapons Firing	m. Food and Drug Inspection		dd. Horseplay
e. Engineering or Construction	n. Laundry/Dry Cleaning Services	v. Food/Drink Preparations	ee. Bystanding/spectating
f. Communications	o. Pest/Plant Control	w. Supervisory	ff. Personal Hygiene/Food/Drink Consumption/Sleeping
g. Security/Law Enforcement	p. Operating Vehicle or Vessel	x. Office	gg. Parachuting (See Instructions)
h. Fire Fighting	q. Handling Animal	y. Counseling/Advisory	
i. Patient Care (People/Animals)	r. Maintenance/Repair/Serviceing	z. Sports	

**32. SPECIFIC DESCRIPTION OF ACTIVITY/TASK**

**33. ON FIELD EXERCISE (Check one)**

- ☐ a. Yes (If YES, specify name of exercise.)  
☐ b. No

**34. ACTIVITY PART OF TACTICAL TRAINING?**

- ☐ a. Yes  
☐ b. No

**35. Type of training facility being used (Check one)**

- |                        |         |                                  |
|------------------------|---------|----------------------------------|
| a. Garrison            | d. NTC  | g. Std. range facility/live fire |
| b. Local training area | e. JRTC | h. Other (Specify)               |
| c. Major training area | f. CMTC |                                  |

**36. Type of training participating in at the time of accident (Check/specify)**

- a. School (Specify)  
b. UNIT → (1) Platoon (2) Crew (3) Individual  
c. On-the-job training d. Other (Specify)

**37. Last time individual received training prior to accident on activity specified in block 31? (Check one)**

- |                  |                      |
|------------------|----------------------|
| a. 0 - 3 months  | e. 1 - 2 years       |
| b. 3 - 6 months  | f. More than 2 years |
| c. 6 - 9 months  | g. Never             |
| d. 9 - 12 months | h. Not applicable    |

**38. Required protective equipment**

CHECK APPROPRIATE BLOCK(S)	AVAILABLE?		USED?		N/A
	YES	NO	YES	NO	
a. Seat belt					
b. Helmet					
c. Goggles/glasses					
d. Gloves					
e. Ear plugs					
f. Other (Specify)					

**39. INDIVIDUAL LICENSED TO OPERATE VEHICLE/EQUIPMENT? (Check one)**

- ☐ a. Yes ☐ b. No ☐ c. N/A

**40. DID ALCOHOL CAUSE/CONTRIBUTE TO THIS ACCIDENT? (Check one)**

- ☐ a. Yes ☐ b. No ☐ c. Unknown

**41. If drugs caused/contributed to this accident, check appropriate block.**

- a. Prescription  
b. Illegal  
c. Over-the-counter  
d. None

**42. Were vision enhancement devices being used? (Check appropriate block.)**

- a. Yes (Specify type/model in c and d.)  
b. No  
c. TYPE d. MODEL

**43. Standard/Reference covering activity/task**

- a. Soldier's Manual (Task No.)  
b. CTT (Task No.)  
c. AR/TM/FM (Specify)  
d. SOP e. None (Go to block 45.)

**44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one)**

- ☐ a. Yes ☐ b. No (If NO, complete blocks 46-47.)

**45. DID INDIVIDUAL MAKE A MISTAKE? (Check one)**

- ☐ a. Yes (If YES, complete blocks 46-47.) ☐ b. No

**46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.)**

**47. Why was mistake made/activity performed incorrectly? (Check the most important reason and specify in Block 63.)**

- |  |                             |  |
|--|-----------------------------|--|
| a. Inadequate school training (content/amount)     | f. In a hurry               | k. Inadequate services                         |
| b. Inadequate unit training (content/amount)       | g. Poor/bad attitude        | l. Improper equipment design                   |
| c. Inadequate on-the-job training (content/amount) | h. Lack of rest/sleep       | m. Inadequate written procedures (AR, TM, SOP) |
| d. Fear/excitement                                 | i. Effects of alcohol/drugs | n. Improper supervision                        |
| e. Overconfident in own/others abilities           | j. Inadequate facilities    | o. Other (Specify in narrative)                |

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**SECTION B - PERSONNEL INFORMATION (Continued)**

<b>48. Time licensed on this vehicle (Check one)</b>		<b>49. Total AMV driving mileage (Check one)</b>		<b>50. Total time in unit (Check one)</b>	
a. Less than one year		a. Less than 1,000 miles		a. Less than 6 months	
b. One to two years		b. 1,000 - 5,000 miles		b. 6 months - 1 year	
c. Over two years		c. 5,000 - 10,000 miles		c. Over one year	
d. Unlicensed		d. Over 10,000 miles			

**51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in block 12 to the equipment/vehicle below.)**

☐ Item A    ☐ Item B    ☐ Item C    ☐ Other (Specify)

**SECTION C - PROPERTY/MATERIAL INVOLVED (Whether Damaged or Not)**

	ITEM A	ITEM B	ITEM C
<b>52. Type of item</b>			
<b>53. Model number</b>			
<b>54. Ownership (DOD, DA, POV, Unit Person)</b>			
<b>55. Dollar cost of damage.</b>			
<b>56. Rollover protection system installed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>57. Was this item being towed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<b>58. If towed, enter letter for item doing towing.</b>			
<b>59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)</b>			

**Types of Collisions**

- |  |   |
|--|---|
| 1- Going forward and collided with moving vehicle        | 7- Ran off the road                             |
| 2- Going forward and collided with parked vehicle        | 8- Jackknifed                                   |
| 3- Collision while backing                               | 9- Going forward and rear-ended moving vehicle  |
| 4- Collision with pedestrian                             | 10- Going forward and rear-ended parked vehicle |
| 5- Collision with object (other than vehicle/pedestrian) | 11- Collision while turning                     |
| 6- Overturned  | 12- Other (Specify)                             |

**60. Component/Part that Failed/Malfunctioned (Complete this section if a materiel failure/malfunction caused/contributed to the accident.)**

	ITEM A	ITEM B	ITEM C
<b>a. National Stock Number</b>			
<b>b. Part Number</b>			
<b>c. Describe Part</b>			
<b>d. Manufacturer's Identification Code</b>			
<b>e. EIR/QDR Number</b>			
<b>61. How/Why Part Malfunctioned (Select code from "How" list below and enter in first block; select code from "Why" list and enter in second block.)</b>	HOW	WHY	HOW

**How Part Failed/Malfunctioned Codes**

- |                               |                              |
|-------------------------------|------------------------------|
| 1- Overheated/burned/melted   | 9- Twisted/torqued           |
| 2- Froze (temperature)        | 10- Compressed/hit/punctured |
| 3- Obstructed/pinched/clogged | 11- Bent/warped              |
| 4- Vibrated                   | 12- Sheared/cut              |
| 5- Rubbed/worn/frayed         | 13- Decayed/decomposed       |
| 6- Corroded/rusted/pitted     | 14- Electric current action  |
| 7- Overpressured/burst        | 15- Unknown/Other            |
| 8- Pulled/stretched           | Blank- Not Reported          |

**Why Part Failed/Malfunctioned Codes**

- 1- Improper equipment design  
2- Inadequate maintenance  
3- Inadequate manufacture of equipment  
4- Inadequate written procedures (AR, TM, SOP)  
5- Improper supervision  
6- Unknown  
7- Other (Specify in narrative)